

Fill in this information to identify your case:

United States Bankruptcy Court for the:

DISTRICT OF MINNESOTA

Case number (if known)

Chapter 11

Check if this an amended filing

Official Form 201

Voluntary Petition for Non-Individuals Filing for Bankruptcy

06/22

If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and the case number (if known). For more information, a separate document, *Instructions for Bankruptcy Forms for Non-Individuals*, is available.

1. Debtor's name MEnD Correctional Care, PLLC

2. All other names debtor used in the last 8 years

Include any assumed names, trade names and doing business as names

3. Debtor's federal Employer Identification Number (EIN) 26-2633947

4. Debtor's address Principal place of business

1908 Krutchen Court South
Sartell, MN 56377

Number, Street, City, State & ZIP Code

Mailing address, if different from principal place of business

P.O. Box, Number, Street, City, State & ZIP Code

Stearns
County

Location of principal assets, if different from principal place of business

Number, Street, City, State & ZIP Code

5. Debtor's website (URL) www.mendcare.com

6. Type of debtor

- Corporation (including Limited Liability Company (LLC) and Limited Liability Partnership (LLP))
- Partnership (excluding LLP)
- Other. Specify: _____

Debtor

MEnD Correctional Care, PLLC

Name

7. Describe debtor's business

A. Check one:

- Health Care Business (as defined in 11 U.S.C. § 101(27A))
 Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))
 Railroad (as defined in 11 U.S.C. § 101(44))
 Stockbroker (as defined in 11 U.S.C. § 101(53A))
 Commodity Broker (as defined in 11 U.S.C. § 101(6))
 Clearing Bank (as defined in 11 U.S.C. § 781(3))
 None of the above

B. Check all that apply

- Tax-exempt entity (as described in 26 U.S.C. §501)
 Investment company, including hedge fund or pooled investment vehicle (as defined in 15 U.S.C. §80a-3)
 Investment advisor (as defined in 15 U.S.C. §80b-2(a)(11))

C. NAICS (North American Industry Classification System) 4-digit code that best describes debtor. See <http://www.uscourts.gov/four-digit-national-association-naics-codes>.**8. Under which chapter of the Bankruptcy Code is the debtor filing?**

Check one:

- Chapter 7
 Chapter 9
 Chapter 11. Check all that apply:

- The debtor is a small business debtor as defined in 11 U.S.C. § 101(51D), and its aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$3,024,725. If this sub-box is selected, attach the most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).
 The debtor is a debtor as defined in 11 U.S.C. § 1182(1), its aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$7,500,000, and it chooses to proceed under Subchapter V of Chapter 11. If this sub-box is selected, attach the most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return, or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).
 A plan is being filed with this petition.
 Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).
 The debtor is required to file periodic reports (for example, 10K and 10Q) with the Securities and Exchange Commission according to § 13 or 15(d) of the Securities Exchange Act of 1934. File the *Attachment to Voluntary Petition for Non-Individuals Filing for Bankruptcy under Chapter 11* (Official Form 201A) with this form.
 The debtor is a shell company as defined in the Securities Exchange Act of 1934 Rule 12b-2.

- Chapter 12

9. Were prior bankruptcy cases filed by or against the debtor within the last 8 years?

- No.
 Yes.

If more than 2 cases, attach a separate list.

District	When	Case number
District	When	Case number

Debtor MEnD Correctional Care, PLLC
Name _____ Case number (if known) _____

10. Are any bankruptcy cases pending or being filed by a business partner or an affiliate of the debtor?
- No
 Yes.

List all cases. If more than 1, attach a separate list

Debtor District	When	Relationship Case number, if known
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11. Why is the case filed in this district? Check all that apply:

- Debtor has had its domicile, principal place of business, or principal assets in this district for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other district.
 A bankruptcy case concerning debtor's affiliate, general partner, or partnership is pending in this district.

12. Does the debtor own or have possession of any real property or personal property that needs immediate attention?

No

Yes. Answer below for each property that needs immediate attention. Attach additional sheets if needed.

Why does the property need immediate attention? (Check all that apply.)

- It poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety.
What is the hazard? _____
 It needs to be physically secured or protected from the weather.
 It includes perishable goods or assets that could quickly deteriorate or lose value without attention (for example, livestock, seasonal goods, meat, dairy, produce, or securities-related assets or other options).
 Other _____

Where is the property?

Number, Street, City, State & ZIP Code

Is the property insured?

No

Yes. Insurance agency _____

Contact name _____

Phone _____

Statistical and administrative information

13. Debtor's estimation of available funds

Check one:

- Funds will be available for distribution to unsecured creditors.
 After any administrative expenses are paid, no funds will be available to unsecured creditors.

14. Estimated number of creditors

1-49
 50-99
 100-199
 200-999

1,000-5,000
 5,001-10,000
 10,001-25,000

25,001-50,000
 50,001-100,000
 More than 100,000

15. Estimated Assets

\$0 - \$50,000
 \$50,001 - \$100,000
 \$100,001 - \$500,000
 \$500,001 - \$1 million

\$1,000,001 - \$10 million
 \$10,000,001 - \$50 million
 \$50,000,001 - \$100 million
 \$100,000,001 - \$500 million

\$500,000,001 - \$1 billion
 \$1,000,000,001 - \$10 billion
 \$10,000,000,001 - \$50 billion
 More than \$50 billion

16. Estimated liabilities

\$0 - \$50,000

\$1,000,001 - \$10 million

\$500,000,001 - \$1 billion

Debtor

MEnD Correctional Care, PLLC

Name

Case number (*if known*) \$50,001 - \$100,000
 \$100,001 - \$500,000
 \$500,001 - \$1 million \$10,000,001 - \$50 million
 \$50,000,001 - \$100 million
 \$100,000,001 - \$500 million \$1,000,000,001 - \$10 billion
 \$10,000,000,001 - \$50 billion
 More than \$50 billion

Debtor

MEnD Correctional Care, PLLC

Name

Case number (if known)

Request for Relief, Declaration, and Signatures

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

**17. Declaration and signature
of authorized
representative of debtor**

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I have been authorized to file this petition on behalf of the debtor.

I have examined the information in this petition and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 11/30/2022
MM / DD / YYYY

X /s/ Todd Leonard, MD CCHP-P

Signature of authorized representative of debtor

Todd Leonard, MD CCHP-P

Printed name

Title President & Chief Medical Officer

18. Signature of attorney

X /s/ Steven B. Nosek

Signature of attorney for debtor

Date 11/30/2022

MM / DD / YYYY

Steven B. Nosek 79960

Printed name

Steven B. Nosek, P.A.

Firm name

**Attorney at Law
2812 Anthony Lane S, #200
St. Anthony, MN 55418**

Number, Street, City, State & ZIP Code

Contact phone 612-335-9171

Email address snoisek@noseklawfirm.com

79960 MN

Bar number and State

Fill in this information to identify the case:

Debtor name	MEnD Correctional Care, PLLC
United States Bankruptcy Court for the:	DISTRICT OF MINNESOTA
Case number (if known):	_____

Check if this is an
amended filing

Official Form 204

Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders

12/15

A list of creditors holding the 20 largest unsecured claims must be filed in a Chapter 11 or Chapter 9 case. Include claims which the debtor disputes. Do not include claims by any person or entity who is an insider, as defined in 11 U.S.C. § 101(31). Also, do not include claims by secured creditors, unless the unsecured claim resulting from inadequate collateral value places the creditor among the holders of the 20 largest unsecured claims.

Name of creditor and complete mailing address, including zip code	Name, telephone number and email address of creditor contact	Nature of claim (for example, trade debts, bank loans, professional services, and government contracts)	Indicate if claim is contingent, unliquidated, or disputed	Amount of claim		
				Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
Afco 5600 North River Rd Suite 400 Rosemont, IL 60018-5187						\$175,512.54
Anthony Ostlund Louwagie Dressen Rebecca Vaughn Off. Mgr. 90 S 7th St, Ste 3600 Minneapolis, MN 55402						\$5,790.00
Boeckerman, Grafstrom & Mayer 7900 Xerxes Avenue South Suite 1200 Brooklyn Center, MN 55430						\$7,500.00
Consolidated Contracting 695 Heritage Drive Sartell, MN 56377						\$6,000.00
Frekrikson & Byron PO Box 1484 Minneapolis, MN 55480-1484						\$600,301.69
Fusion 10 Woodbridge Ct Drive Suite 4000 Woodbridge, NJ 07095						\$30,000.00
Indeed, Inc. Mail Code 5160 PO Box 660367 Dallas, TX 75266-0367						\$30,000.00

Debtor Name	MEnD Correctional Care, PLLC	Case number (if known)				
Name of creditor and complete mailing address, including zip code	Name, telephone number and email address of creditor contact	Nature of claim (for example, trade debts, bank loans, professional services,	Indicate if claim is contingent, unliquidated, or disputed	Amount of claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
				Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
Jennifer Margaret Pearl Dombovy 157 North Starr Avenue New Richmond, WI 54017						\$6,666.67
Khider Elnimeiry 650 Sprin Street Sun Prairie, WI 53590		Contract Employee				\$12,000.00
Kimberly Kay Grob 20225 Jubilee Drive Silver Lake, MN 55381						\$5,113.33
Larson King Linda Yang 30 E 7th Street #2800 Saint Paul, MN 55101						\$68,374.86
Maxim Healthcare 8421 Wayzata Blvd, Ste 320 Golden Valley, MN 55426						\$40,000.00
MMA 62886 Collection Center Drive Chicago, IL 60693						\$60,000.00
Otjen Law Firm, S.C. Teresa Summerfield Brown PO Box 681065 Chicago, IL 60695-2065						\$15,381.95
Roger Melvin Boettcher 3656 75th Ave Princeton, MN 55371						\$8,333.34
Steven Scurr DO 33150 L Avenue Beaman, IA 50609		Contract Employe				\$8,000.00
Thrifty White Pharmacy PO BOx 41910 Plymouth, MN 55441						\$6,500.00
Todd Leonard c/o MEnD Correctional Care 1908 Krutchin Ct South Sartell, MN 56377						\$240,000.00

Debtor **MEnD Correctional Care, PLLC**
Name _____

Case number (*if known*) _____

Name of creditor and complete mailing address, including zip code	Name, telephone number and email address of creditor contact	Nature of claim (for example, trade debts, bank loans, professional services,	Indicate if claim is contingent, unliquidated, or disputed	Amount of claim		
				Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
United Health Care PO Box 94017 Palatine, IL 60094		Employee Health Insurance				\$38,000.00
United Health Care PO Box 860511 Minneapolis, MN 55486		Cafeteria Plan				\$7,700.00

Case 22-60407 Doc 1
ADDYSON M. CONRAD
1230 E AUER AVENUE
APT. 201
MILWAUKEE WI 53212

Filed 11/30/22 Entered 11/30/22 14:44:10 Desc Main
FUSION Document Page 9 of 12
1251 10TH AVE NE
APT 327
SAUK RAPIDS MN 56379
10 WOODBRIDGE CT DRIVE
SUITE 4000
WOODBRIDGE NJ 07095

AFCO
5600 NORTH RIVER RD
SUITE 400
ROSEMONT IL 60018-5187

CASEY KATHLEEN DONARSKI
2020 65TH AVE S
FARGO ND 58104

HANOVER INSURANCE
PO BOX 580045
CHARLOTTE NC 28258-0045

AFCO
PO BOX 360572
PITTSBURGH PA 15250-6572

CHARTER COMMUNICATIONS
PO BOX 94188
PALATINE IL 60094

HEIDI LYNN BLOKZYL
1508 MONOGALIA AVE SW
WILLMAR MN 56201

AGUSTA ELECTRIC
23848 67TH AVENUE
SAINT CLOUD MN 56301

CHELSEA SUZANNE FENSKE
107 S 11TH STREET
MONTEVIDEO MN 56265

HOLLY YORK, NP
10163 3RD STREET NW
WATERTOWN SD 57201

AMERICAN EXPRESS
PO BOX 96001
LOS ANGELES CA 90096-8000

CHERRI LYNN DRUMMER
518 N CENTER STREET
MARSHALLTOWN IA 50158

INDEED, INC.
MAIL CODE 5160
PO BOX 660367
DALLAS TX 75266-0367

ANGELA KRISTEN ELFING
PO BOX 423
406 6TH STREET
DANUBE MN 56230

CONSOLIDATED CONTRACTING
695 HERITAGE DRIVE
SARTELL MN 56377

INTEGRATED CONSULTING SERV
CRAIG SIIRO
4917 WEST 93RD STREET
BLOOMINGTON MN 55437

ANTHONY CALEB BUSS
13274 BROOKSIDE ROAD
SOUTH HAVEN MN 55382

DEBRA L HEBERLING
6424 GREEN RIDGE DRIVE
RACINE WI 53406

J AUSTIN
4828 QUEEN AVENUE SOUTH
MINNEAPOLIS MN 55410

ANTHONY OSTLUND LOUWAGIE DRESSEN
REBECCA VAUGN OFF. MGR.
90 S 7TH ST, STE 3600
MINNEAPOLIS MN 55402

JAY PLUMBING
520
APOLLO AVENUE NE
SAINT CLOUD MN 56304

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7829 NORTH 60TH
APT 29E
MILWAUKEE WI 53223

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5010 BISCAYNE AVENUE
APT 8
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3817 WYOMING WAY
RACINE WI 53404

JENNIFER MARGARET PEARL DO
157 NORTH STARR AVENUE
NEW RICHMOND WI 54017

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SUITE 1200
BROOKLYN CENTER MN 55430

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MINNEAPOLIS MN 55480-1484

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ALDEN IA 50006

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PHILADELPHIA PA 19101

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SAINT JAMES MN 56081

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102 SPRUCE STREET SE
FOUNTAIN MN 55935

MAXIM HEALTHCARE
8421 WAYZATA BLVD, STE 320
GOLDEN VALLEY MN 55426

RAVEN DIAZ GUERRERO
3813 89TH STREET
APT 4
KENOSHA WI 53142

KHIDER ELNIMEIRY
650 SPRIN STREET
SUN PRAIRIE WI 53590

MCKESSON
PO BOX 936279
ATLANTA GA 31193-6279

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2813 ENOCH AVENUE
ZION IL 60099

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20225 JUBILEE DRIVE
SILVER LAKE MN 55381

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6651 GATE PARKWAY
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REDWOOD TOXICOLOGY
PO BOX 14327
SANTA ROSA CA 95402

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BRAINERD MN 56401

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KENOSHA WI 53140

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PRINCETON MN 55371

LAINE AMELIA HENKE
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RACINE WI 53404

MMA
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CHICAGO IL 60693

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BRAINERD MN 56401

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402 S 10TH STREET
OLIVIA MN 56277

LETITIA N DOTSON
4101 W CHERRYWOOD LANE
BROWN DEER WI 53209

OTJEN LAW FIRM, S.C.
TERESA SUMMERFIELD BROWN
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CHICAGO IL 60695-2065

SIRIUS XM RADIO
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LITCHFIELD MN 55355

STEVEN SCURR DO
33150 L AVENUE
BEAMAN IA 50609

TASHA LETA BELL
8875 REITZ LAKE RD
WACONIA MN 55387

THRIFTY WHITE PHARMACY
PO BOX 41910
PLYMOUTH MN 55441

TODD LEONARD
C/O MEND CORRECTIONAL CARE
1908 KRUTCHEN CT SOUTH
SARTELL MN 56377

UNITED HEALTH CARE
PO BOX 94017
PALATINE IL 60094

UNITED HEALTH CARE
PO BOX 860511
MINNEAPOLIS MN 55486

XCEL ENERGY
PO BOX 9477
MINNEAPOLIS MN 55484-9477

**United States Bankruptcy Court
District of Minnesota**

In re **MEnD Correctional Care, PLLC**

Debtor(s)

Case No.
Chapter

11

CORPORATE OWNERSHIP STATEMENT (RULE 7007.1)

Pursuant to Federal Rule of Bankruptcy Procedure 7007.1 and to enable the Judges to evaluate possible disqualification or recusal, the undersigned counsel for MEnD Correctional Care, PLLC in the above captioned action, certifies that the following is a (are) corporation(s), other than the debtor or a governmental unit, that directly or indirectly own(s) 10% or more of any class of the corporation's(s') equity interests, or states that there are no entities to report under FRBP 7007.1:

- None [Check if applicable]

11/30/2022

Date

/s/ Steven B. Nosek

Steven B. Nosek 79960

Signature of Attorney or Litigant

Counsel for **MEnD Correctional Care, PLLC**

Steven B. Nosek, P.A.

Attorney at Law

2812 Anthony Lane S, #200

St. Anthony, MN 55418

612-335-9171 Fax:612-789-2109

snoisek@noseklawfirm.com